#### Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (\*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

#### You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
  organization. You can find it on your federal or provincial tax return. If your organization does not have a business
  number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

**Note:** If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

## File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- · legal name
- business number (BN9) or AODA identifier
- · number of employees in Ontario
- · address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

**Note:** Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

## Begin your report

Follow these steps to complete your form:

#### 1. Download and save the form

- · Download and save the form on your computer
- · Open the form with the latest version of Adobe Reader

#### 2. Enter your organization's information

Enter your organization's information then select Next

#### 3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

## 4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
  - make sure all information on the form is complete and accurate
  - check the box to show they have authority to certify your organization
  - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

#### 5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
  - organization category
  - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
  - the regulation section that is related to that question
  - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- Review the accessibility compliance report summary.

#### 6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
  report, select the Save and Submit button. You will be prompted to save the form on your computer first
  and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
  - a confirmation number
  - an accessible PDF copy of your report

**If you have not received a confirmation number** upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

# Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.



# 2023 Accessibility Compliance Report

#### Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

| Fields marked \  | vith an asterisk (*  | ) are mand   | atory.            |   |                  |                              |
|--|--|--------------|-------------------|---|------------------|------------------------------|
| A. Organizatio   | n information  |              |                   |   |                  |                              |
| Organization cate  | 0 ,  |              |                   | Number of employee                              | es range *       | Reporting year               |
| Designated Pub   | olic Sector  |              |                   | 50+ employees                                   |                  | 2023                         |
| Business deta  |  |              |                   |   |                  |                              |
| Organization lega  | al name *  |              |                   |   | Number of 6      | employees in Ontario * Help  |
| Ontario Lottery and Gaming Corporation 1300  |  |              |                   |   |                  |                              |
| Business numbe   | r (BN9) * <u>Help</u> [  |              | •                 | ave received an AODA<br>niors and Accessibility |                  |                              |
| Check if opera   | ating/business nam   | e is same as | s legal name      |   |                  |                              |
| •  | rating/business nai  |              |                   |   |                  |                              |
|  | and Gaming Corp  |              |                   |   |                  |                              |
| Sector that best describes your organization's principal business activity * Help 91 - Public administration |  |              |                   |   |                  |                              |
| ` .  | Subsector (if possible) 912 - Provincial and territorial public administration |              |                   |   |                  |                              |
| Industry group (if 9129 - Other pr   | possible) ovincial and territe   | orial public | administratio     | n   |                  |                              |
| Mailing addres   | SS   |              |                   |   |                  |                              |
| Address where le   | tters can be sent to   | the person   | responsible fo    | r coordinating the orga                         | anization's AO   | DDA compliance activities.   |
| Country *  |  |              |                   |   |                  |                              |
| The fields below   | will change based  | on your sele | ction.            |   |                  |                              |
| Canada   | $\bigcirc$ I   | USA          |                   | ◯ Internati                                     | onal             |                              |
| Type of address  | * Street addre   | ess          | ) Street addres   | ss served by route                              | Other            |                              |
| Unit number  | Street number *  | Street nam   | ne *              |   |                  |                              |
| 600  | 4120   | Yonge        |                   |   |                  |                              |
| Street type  | Street direction   |              | City *            |   |                  | Province *                   |
| Street   |  |              | Toronto           |   |                  | ON (Ontario)                 |
| Postal code (e.g. M2P 2B8  | A1A 1A1) *   |              |                   |   |                  |                              |
| Business add   | ress   |              |                   |   |                  |                              |
| (Address at which  | letters can be sent  | to the comp  | any director/offi | cer accountable for the                         | e organization's | s compliance with the AODA.) |
| ✓ Check if business address is same as mailing address   |  |              |                   |   |                  |                              |

| Country *                            |                     |             |                                |        |              |
|--------------------------------------|---------------------|-------------|--------------------------------|--------|--------------|
| The fields below                     | will change based c | n your sele | ction.                         |        |              |
| Canada                               | $\bigcirc$ $\iota$  | JSA         | ○ Interna                      | tional |              |
| Type of address                      | * Street addre      | ss C        | Street address served by route | Other  |              |
| Unit number                          | Street number *     | Street nam  | e *                            |        |              |
| 600                                  | 4120                | Yonge       |                                |        |              |
| Street type                          | Street direction    |             | City *                         |        | Province *   |
| Street                               |                     |             | Toronto                        |        | ON (Ontario) |
| Postal code (e.g. A1A 1A1) * M2P 2B8 |                     |             |                                |        |              |

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

**Note:** All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



# 2023 Accessibility compliance report

| Organization category Design  | inated Public Sector            |  |
|---|---------------------------------|--|
|   |                                 |  |
| Number of employees range   |                                 |  |
| Filing organization legal name                                      | <u> </u>                        | ning Corporation   |
| Filing organization business i                                      | number (BN9)                    |  |
| Fields marked with an asteris                                       | k (*) are mandatory.            |  |
| B. Understand your acce   | ssibility requirements          |  |
| Before you begin your report, yo                                    | u can learn about your acces    | ssibility requirements at ontario.ca/accessibility   |
| Additional accessibility requirem  • <u>a library board</u>         | ents apply if you are:          |  |
| • a producer of edu   | cation material (e.g. textbook  | <u>ks)</u>   |
| an education insti  | tution (e.g. school board, col  | lege, university or school)  |
| • <u>a municipality</u>   |                                 |  |
| If you are a municipality submitt                                   | ing this report, and submittin  | g on behalf of local boards, please indicate which boards below.   |
|   |                                 |  |
|   |                                 |  |
|   |                                 |  |
|   |                                 |  |
|   |                                 |  |
| C. Accessibility complian   | nce report certification        |  |
| -   |                                 | Act, 2005 requires that accessibility reports include a statement and is accurate, signed by a person with authority to bind the |
| Note: It is an offence under the                                    | Act to provide false or mislea  | ading information in an accessibility report filed under the AODA.   |
| The certifier may designate a protherwise the certifier will be the | -                               | y for Seniors and Accessibility to contact the organization(s);  |
| Certifier: Someone who can leg                                      | gally bind the organization(s). |  |
| Primary Contact: The person v                                       | who will be the main contact f  | for accessibility issues.  |
| Acknowledgement   |                                 |  |
| ✓ I certify that all the information                                | on is accurate and I have the   | authority to bind the organization *   |
|   | 1                               |  |
| Certification date (yyyy-mm-dd)                                     | * 2023-11-06                    |  |
| Certification date (yyyy-mm-dd)  Certifier information              | * 2023-11-06                    |  |
|   | * 2023-11-06                    | First name * Chris   |

| Email * chrobrien@olg.ca  |  | Alternate phone number                                 | Extension      | Fax numbe             | r                     |
|---|--|--|----------------|-----------------------|-----------------------|
| Primary contact for the org   | ganization(s)  | '  |                |                       |                       |
| <ul><li>✓ Check if the primary contact</li><li>Last name *</li><li>O'Brien</li></ul>  | is same as the certifier                                     | First name * Chris                                     |                |                       |                       |
| Position title * Director   | Business phone number * 416-224-7769                         | Extension  | re             |                       |                       |
| Email * chrobrien@olg.ca  |  | Alternate phone number                                 | Extension      | Fax numbe             | r                     |
| D. Accessibility compliance report questions  |  |  |                |                       |                       |
| Instructions Please answer each of the follow If you need help with a specific of view the relevant AODA regulation   | uestion, click the help links w                              | hich will open in a new brows                          | er window. U   | lse the link o        | •                     |
| General  1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? *  Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies  Learn more about your requirements for question 1  Comments for Yes, and policies were recently validated through AODA Desk Audit process earlier this year. question 1 |  |  |                |                       |                       |
| Has your organization estable     (If Yes, please answer additing)  |  | ti-year accessibility plan? *                          |                | <ul><li>Yes</li></ul> | ○ No                  |
| Read O. Reg. 191/11, s. 4 (1): A  | ,  | Learn more abo   | out your requi | irements for          | question 2            |
| 2.a. Does your organization (If Yes, please answer  |  |  |                | Yes                   | ○No                   |
| Read O. Reg. 191/11, s. 4 (1) Comments for question 2.a   | ): Accessibility plans                                       | <u>Learn more abo</u>                                  | out your requi | irements for          | question 2.a          |
| , -   | on's accessibility plan posted s. 4 (1): Accessibility plans | on your organization's websi<br><u>Learn more abou</u> |                | Yes     ements for qu | ○ No<br>uestion 2.a.i |

|                        | 2.a.ii Does your organization provide the accessibility plan in a when requested? *   | an accessible format                                      | <ul><li>Yes</li></ul>   | ○ No                |
|------------------------|---|---|-------------------------|---------------------|
|                        | Read O. Reg. 191/11, s. 4 (1): Accessibility plans  | Learn more about your requi                               | rements for qu          | estion 2.a.ii       |
|                        | Comments for question 2.a.ii  |   |                         |                     |
| Co                     | Does your organization update the accessibility plan at least on ad O. Reg. 191/11, s. 4 (1): Accessibility plans omments for estion 2.b  | nce every 5 years? *<br><u>Learn more about your requ</u> | ● Yes<br>irements for q | ○ No<br>uestion 2.b |
| 3. Do                  | es your organization provide appropriate training on: *   |   |                         |                     |
| Read                   | O. Reg. 191/11, s. 7 (1): Training  | Learn more about your requ                                | uirements for o         | question 3          |
| 3.a                    | The AODA Integrated Accessibility Standards Regulation? *   |   | <ul><li>Yes</li></ul>   | ○ No                |
| Re                     | ad O. Reg. 191/11, s. 7 (1): Training   | Learn more about your requ                                | uirements for o         | question 3.a        |
|                        | omments for<br>estion 3.a   |   |                         |                     |
| 3.k                    | The Human Rights Code as it pertains to people with disabiliti  | es? *   | Yes                     | ○ No                |
| Re                     | ad O. Reg. 191/11, s. 7 (1): Training   | Learn more about your requ                                | irements for q          | uestion 3.b         |
|                        | omments for<br>estion 3.b   |   |                         |                     |
| Infor                  | mation and communications   |   |                         |                     |
| tha<br><b>No</b><br>on | es your organization have a process for receiving and responding at is accessible to people with disabilities? *  te: This requirement is applicable regardless of whether custome your premises  Yes, please answer an additional question)      |   | Yes 🔘                   | No                  |
| Read                   | O. Reg. 191/11, s. 11 (1): Feedback   | Learn more about your requ                                | uirements for o         | question 4          |
| 4.8                    | <ul> <li>Does your organization notify the public about the availability of<br/>and communications supports with respect to the feedback pro<br/>Note: This requirement is applicable regardless of whether cu<br/>on your premises. *</li> </ul> | ocess? *  | Yes                     | ○ No                |
| Re                     | ad O. Reg. 191/11, s. 11 (2): Feedback  | Learn more about your requ                                | uirements for o         | question 4.a        |

Comments for question 4.a

| 5. | indirectly ('cont modify content  | anization have one (or more) website(s) which it contro<br>trols' means that your organization is able to add, remo<br>and functionality of the website)? *<br>answer an additional question)   |                                       | Yes                    | ○ No           |            |
|----|-----------------------------------|---|---------------------------------------|------------------------|----------------|------------|
| Re | ead O. Reg. 191/                  | /11, s. 14: Accessible websites and web content   | Learn more about you                  | <u>ır requirements</u> | s for question | <u>5</u>   |
|    | Web Con<br>pre-record<br>names ar | ur organization's internet websites conform to World W<br>tent Accessibility Guidelines 2.0 Level AA (except for li-<br>ded audio descriptions)? In the comments box, please<br>and addresses of your publicly available web content, in-<br>dia pages, and apps. * | ive captions and<br>list the complete | Ye                     | es ONo         |            |
|    | Read O. Reg. 1                    | 191/11, s. 14: Accessible websites and web content  | Learn more about you                  | <u>ır requirements</u> | s for question | <u>5.a</u> |
|    | Comments for question 5.a         | OLG.ca (web and app)<br>www.olg.ca  |                                       |                        |                |            |
|    |                                   | PROLINE.ca<br>proline.olg.ca  |                                       |                        |                |            |
|    |                                   | PROLINEPLUS.ca (web and app) prolineplus.olg.ca   |                                       |                        |                |            |
|    |                                   | PROLINE POINTS https://prolinepoints.olg.ca/  |                                       |                        |                |            |
|    |                                   | PLAYSMART.ca<br>playsmart.ca  |                                       |                        |                |            |
|    |                                   | About OLG<br>https://about.olg.ca/  |                                       |                        |                |            |
|    |                                   | WINNER's EDGE<br>https://winnersedge.olg.ca/  |                                       |                        |                |            |
|    |                                   | OLG Chinese Language site https://chinese.olg.ca/   |                                       |                        |                |            |
|    |                                   | OLG YouTube<br>https://www.youtube.com/@OLG_CA/featured   |                                       |                        |                |            |
|    |                                   | OLG Career and employment opportunities https://olg.wd3.myworkdayjobs.com/Careers   |                                       |                        |                |            |

| Customer S                 | ervice  |                         |                       |              |
|----------------------------|---|-------------------------|-----------------------|--------------|
| persons wi                 | organization provide training about providing goods, service th disabilities to the following? * nd volunteers  | es or facilities to     | Yes                   | ○No          |
| <ul> <li>People</li> </ul> | involved in developing accessibility policies   |                         |                       |              |
| <ul> <li>People</li> </ul> | providing goods, services or facilities on behalf of the organ  | ization                 |                       |              |
| (If Yes, ple               | ase answer an additional question)  |                         |                       |              |
| Read O. Reg.               | 191/11, s. 80.49: Training for staff, etc.  | Learn more about your r | equirements for       | question 6   |
| 6.a. Does                  | the training include all of the following: *  |                         | <ul><li>Yes</li></ul> | ○No          |
| • A                        | review of the purposes of the AODA?   |                         |                       |              |
| • A                        | review of the purposes of the Customer Service Standards  | ?                       |                       |              |
| •  -                       | low to interact and communicate with persons with various t   | ypes of disability?     |                       |              |
| th<br>p                    | low to interact with persons with disabilities who use an assine assistance of a guide dog or other service animal or the a erson?                                | ssistance of a support  |                       |              |
| р                          | low to use equipment or devices available on the provider's rovided by the provider that may help with the provision of gacilities to a person with a disability? | •                       |                       |              |
|                            | What to do if a person with a particular type of disability is have ceessing the provider's goods, services or facilities?  | ving difficulty         |                       |              |
| Read O. R                  | eg. 191/11, s. 80.49: Training for staff, etc.  | Learn more about your r | equirements for       | question 6.a |
| question 6                 | .a  |                         |                       |              |
| •                          | organization provide information in an accessible format? * ease answer additional questions)   |                         | Yes                   | No           |
| Read O. Reg.               | 191/11, s. 80.51 (1): Format of documents   | Learn more about your r | equirements for       | question 7   |
|                            | e provision of information in accessible format done so in a ti<br>s into account the individual's disability? *  | mely manner that        | Yes                   | ○ No         |
| Read O. R                  | eg. 191/11, s. 80.51 (1): Format of documents   | Learn more about your r | equirements for       | question 7.a |
| Comments question 7        |   |                         |                       |              |
|                            | e provision of information in accessible format at a cost no megular cost charged to other persons? *   | ore than                | Yes                   | ○ No         |
| Read O. R                  | eg. 191/11, s. 80.51 (1): Format of documents   | Learn more about your r | equirements for       | question 7.b |
| Comments question 7        |   |                         |                       |              |

| 8. | Does your organization ever require a person with a disability to be accoms upport person when on your premises? * (If Yes, please answer an additional question)  | panied by a                 | <ul><li>Yes</li></ul> | ○ No                 |
|----|--|-----------------------------|-----------------------|----------------------|
|    | ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and pport persons   | arn more about your require | ments for qu          | uestion 8            |
|    | <ul> <li>8.a. Does your organization do all of the following before requiring a pers disability to be accompanied by a support person on your premises:</li> <li>Consult with the person with a disability?</li> <li>Determine a support person is necessary to protect the health or person with a disability or others on premises?</li> <li>Determine that there is no other way to protect the health or safe</li> </ul> | *<br>safety of the          | Yes                   | ○No                  |
|    | with a disability or others on premises?  191/11, s. 80.47 (5): Use of service animals and support persons  Le   | arn more about your require | ments for qu          | uestion 8.a          |
|    | Comments for question 8.a  |                             |                       |                      |
| Εı | mployment  |                             |                       |                      |
| 9. | Does your organization employ any persons with disabilities for whom you individualized workplace emergency response information? * (If Yes, please answer additional questions)   | have provided               | ○ Yes                 | <ul><li>No</li></ul> |
|    | ead O. Reg. 191/11, s. 27 (1): Workplace emergency response Lectormation   | arn more about your require | ments for qu          | uestion 9            |
|    | 9.a. Does your organization review the individualized workplace emerger information for all of the following? *  |                             | Yes                   | ○ No                 |
|    | When the employee moves to a different location in the organization.   |                             |                       |                      |
|    | When the employee's overall accommodation needs or plans are   |                             |                       |                      |
|    | When your organization reviews its general emergency policies?  Part 10 Part 101(14 p. 97 (4) Wallstein  |                             |                       |                      |
|    | Read O. Reg. 191/11, s. 27 (4): Workplace emergency response Le information  | arn more about your require | ments for qu          | lestion 9.a          |
|    | Comments for question 9.a  |                             |                       |                      |
|    |  |                             |                       |                      |
|    |  |                             |                       |                      |
|    |  |                             |                       |                      |

| 9.b.                | Do any of the employees for whom your organization has proworkplace emergency response information require assistan (If Yes, please answer additional questions)   |                           |                   | ○No                  |
|---------------------|--|---------------------------|-------------------|----------------------|
| <u>infor</u><br>Con | d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation  ments for stion 9.b  | Learn more about your n   | equirements for   | question 9.b         |
|                     | 9.b.i Has your organization, with the employee's consent, emergency response information to the person design assistance to the employee? *  |                           | ○Yes              | ○ No                 |
|                     | Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information  Comments for question 9.b.i  | Learn more about your red | quirements for qu | uestion 9.b.i        |
|                     | 9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became a accommodation due to the employee's disability? *  |                           | ○ Yes             | ○ No                 |
|                     | Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information  Comments for question 9.b.ii   | Learn more about your red | quirements for q  | <u>estion 9.b.ii</u> |
| Design              | n of public spaces   |                           |                   |                      |
| 10. Sind follo      | ce January 1, 2017, has your organization constructed new or wing items? *  Outdoor public use eating areas  Outdoor play space  Off-street parking  Service counter  Fixed queuing guides  Waiting areas  es, please answer additional questions) | redeveloped any of the    | Yes               | ) No                 |
| Read O              | Reg. 191/11 Part IV.1: Design of public spaces standards   | Learn more about your re  | equirements for   | question 10          |

|                            | ents as outlined in the Design of Public Spaces Stan   |  | • Yes   | ○ NO                 |
|----------------------------|--|--|---|----------------------|
|                            | 191/11 Part IV.1: Design of public spaces  | Learn more about your re   | quirements for  | question 10.a        |
| Comments for question 10.a |  |  |   |                      |
| preventat<br>spaces, a     | r organization's multi-year accessibility plan include ive and emergency maintenance of the accessible eand for dealing with temporary disruptions when accerbing order? *   | lements in public  | Yes   | ○ No                 |
| Read O. Reg.               | 191/11, s. 80.44: Maintenance of accessible element  | ts Learn more about your re  | quirements for  | question 10.b        |
| Comments for question 10.b | OLG's policy provides for temp disruptions of a incorporates our policy by reference (10.5. Notice of Disruptions in Services and Fanotice to public if there is a temporary or plant people with disabilities usually use in accessing the disruption will include: □ The reason for the description of what alternative facilities or served disruption occurs unexpectedly, notice shall be place on the OLG premises or provided by succircumstances.) | acilities 10.5.1. When possible disruption affecting faciling OLG's goods or services e disruption   Anticipated dirices are available, if any 10 posted as soon as possible | ble, OLG shal<br>ities or servic<br>or facilities. N<br>duration □ A<br>0.5.2. When a<br>le, at a consp | es that<br>Notice of |
| AODA                       |  |  |   |                      |
|                            | ation a municipality with population of 10,000 or mor answer additional questions)   | e?*  | ○ Yes   | No                   |
|                            | for Ontarians with Disabilities Act, 2005, S.O.  Municipal Accessibility Advisory Committees   | Learn more about your re   | quirements for  | question 11          |
| Section 2                  | organization established an accessibility advisory co<br>9 of the AODA? *<br>ease answer additional questions)   | ommittee as described in   | ○ Yes   | ○ No                 |
|                            | ility for Ontarians with Disabilities Act, 2005, S.O. 29: Municipal Accessibility Advisory Committees  | Learn more about your re   | <u>quirements for</u>   | question 11.a        |
| 11.a.i Is                  | the majority of members in the committee persons v   | vith disabilities? *   |   | ○ No                 |
|                            | ts for   | Learn more about your requ   | uirements for q   | uestion 11.a.i       |
|                            |  |  |   |                      |

| 11.a.ii Has the committee provided advice to council about site described in Section 41 of the <i>Planning Act</i> ) as well as a requirements and implementation of accessibility standards. | advice on the                  | Yes         | ○ No           |
|---|--------------------------------|-------------|----------------|
| Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees  | Learn more about your requirem | ents for qu | estion 11.a.ii |
| Comments for question 11.a.ii   |                                |             |                |

11.a.ii Has the committee provided advice to council about site plans and drawings (as



# 2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Ontario Lottery and Gaming Corporaion

Filing organization business number (BN9)

Fields marked with an asterisk (\*) are mandatory.

## E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**